DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 2 — 0 1 5

2. STATE: Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(e)(12) of the Soc Sec Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 $ 3.25 million)
b. FFY 2003 $ 13 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A, Page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 2.2-A, page 23b

10. SUBJECT OF AMENDMENT:
Repealed Continuous Eligibility for children

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Melanie Bella

13. TYPED NAME:
Melanie Bella

14. TITLE:
Assistant Secretary, OMPP

15. DATE SUBMITTED:
9/19/02

16. RETURN TO:
Melanie Bella, Assistant Secretary
Office of Medicaid Policy & Planning
402 W. Washington, Room W382
Indianapolis, IN 46204
ATTN: T. Brunner, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9/24/02

18. DATE APPROVED:
11/14/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7-01-02

20. SIGNATURE OF REGIONAL OFFICIAL:
Cheryl A Harris

21. TYPED NAME:
Cheryl A. Harris

22. TITLE:
Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
SEP 24 2002
DMCH/ARA

FORM HCFA-179 (07-92)

Instructions on Back

State INDIANA

Citation	Groups Covered
	B. Optional Groups other than the medically needy (continued)
1902(e)(12) of the Act	___ 20. A child under age _____ (not to exceed 19) who has been determined eligible is deemed to be eligible for a total of ___ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.